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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/609040

| CDAIMS AS FILED - PART I                   |                                                                                                                                                                                                                                                                        |                                              |                      |                                      |                        |                                    |     | SMALL                    |                        |               |                     | RTHAR                   |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------|--------------------------------------|------------------------|------------------------------------|-----|--------------------------|------------------------|---------------|---------------------|-------------------------|
| TOTAL CLAIMS                               |                                                                                                                                                                                                                                                                        |                                              | . (Colun             | nn:1)                                | 1 (Co!                 | umn 2)                             | ].  | TYPE                     |                        | . Of          | SKALI               | EKTITY                  |
|                                            |                                                                                                                                                                                                                                                                        |                                              |                      | <del></del>                          | <u> </u>               |                                    | 1   | RATE                     | FEE                    | _             | RATE                | FEE                     |
| F                                          | FOR                                                                                                                                                                                                                                                                    |                                              | NUMBE                | NUMBER FILED                         |                        | NUMBER EXTRA                       |     | BASIC F                  | ₹ 395.0                | OF            | BASIC FE            | E 790.00                |
| TOTAL CHARGEABLE CLAIMS                    |                                                                                                                                                                                                                                                                        |                                              |                      | minus 20=                            |                        | •                                  |     | X\$25                    |                        | OF            | X50 1=              |                         |
| 16/                                        | DEPENDENT                                                                                                                                                                                                                                                              |                                              | ninus 3 =            |                                      | •                      |                                    | Xw= |                          | OF                     | X20)=         |                     |                         |
| I.S                                        | ULTIPLE DEFI                                                                                                                                                                                                                                                           | ENDENT CLAIM                                 | PRESENT              | •                                    |                        | <u> </u>                           |     | +150=                    |                        | OR            | <b> </b> -          | 7-7-                    |
| *                                          | * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                               |                                              |                      |                                      |                        |                                    |     | TOTAL                    |                        |               | TOTAL               | -                       |
| 1                                          |                                                                                                                                                                                                                                                                        | CLAIMS AS                                    | AMENDE               | MENDED - PART II                     |                        |                                    |     | ;                        | <u> </u>               | <b>-1</b> 000 |                     | L<br>RTHAN              |
|                                            |                                                                                                                                                                                                                                                                        | (Column 1)                                   |                      | (Column 2) (Column 3)                |                        |                                    |     | SMALL                    | ENTITY                 | OR            |                     | ENTITY                  |
| AMENDMENTA                                 | 1/19/05                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                      | HIGHI<br>NUME<br>PREVIO<br>PAID F    | SER<br>SUSLY           | PRESENT<br>EXTRA                   |     | RATE                     | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI<br>TIONAL<br>FEE   |
| NON                                        | Total                                                                                                                                                                                                                                                                  | 15                                           | Minus                | -2                                   | 0                      | = /                                |     | X <b>25</b> =            |                        | OR            | X\$50=              | /                       |
| AME                                        | Independent<br>FIRST PRES                                                                                                                                                                                                                                              | ENTATION OF M                                | Minus<br>IULTIPLE DE | TIPLE DEPENDENT                      |                        | = /                                |     | ×100:                    |                        | OR            | X200=               |                         |
|                                            |                                                                                                                                                                                                                                                                        |                                              |                      |                                      |                        | لسلحاسي                            |     | +150=                    |                        | OR            | 4300=               |                         |
|                                            |                                                                                                                                                                                                                                                                        |                                              |                      |                                      |                        |                                    |     | TOTAL<br>DOIT, FEE       |                        | OR            | JATOT<br>BEF TKODA  |                         |
|                                            |                                                                                                                                                                                                                                                                        | (Column 1) (Column 2) (Column 3)             |                      |                                      |                        |                                    |     |                          |                        |               |                     |                         |
| AMENDMENT B                                | -                                                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT    |                      | HOHE<br>EMUH<br>FOLVERT<br>TOLAG     | ER<br>USLY             | PRESENT<br>EXTRA                   |     | RATE,                    | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE  |
| 20                                         | Total                                                                                                                                                                                                                                                                  |                                              | Minus                | #re                                  |                        | =:                                 |     | χ25=                     |                        | OR            | X50                 | :                       |
| ME                                         | Independent                                                                                                                                                                                                                                                            | *                                            | Minus                | 944                                  |                        | =                                  | į.  | X 100=                   | •,,                    | OR            | X <b>≥</b> 00=      |                         |
|                                            | FIRST PRESENTATION OF MULTIPLE DEI                                                                                                                                                                                                                                     |                                              |                      | PENDENT CLAIM                        |                        |                                    | +   |                          |                        | Un            | 1775                |                         |
|                                            |                                                                                                                                                                                                                                                                        |                                              |                      | •                                    |                        | 160                                | L   | +150=                    |                        | OR            | +300=               |                         |
|                                            | ·                                                                                                                                                                                                                                                                      |                                              |                      |                                      |                        |                                    |     |                          |                        | OR            | TOTAL<br>ADDIT. FEE |                         |
| ADOIT, FEE COlumn 1) (Column 2) (Column 3) |                                                                                                                                                                                                                                                                        |                                              |                      |                                      |                        |                                    |     |                          |                        |               |                     | 1                       |
| AMENDMENT C                                |                                                                                                                                                                                                                                                                        | CLAIMS<br>REMAINING<br>AFTER -<br>AMENDMENT  |                      | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY             | PRESENT<br>EXTRA                   |     | RATE                     | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>,FEE |
|                                            | Total                                                                                                                                                                                                                                                                  | •                                            | Minus -              | **                                   |                        | =                                  |     | X25'=                    |                        | OR            | X\$50=              |                         |
| ME                                         | Independent                                                                                                                                                                                                                                                            |                                              | Minus                | ***                                  | ·                      | <del>.</del>                       |     | ×100 =                   |                        | f             | X200:               |                         |
|                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                         |                                              |                      |                                      |                        |                                    |     |                          |                        | OR            |                     |                         |
|                                            | the entry in action                                                                                                                                                                                                                                                    | Ľ                                            | +150=                |                                      | OR                     | +300=                              |     |                          |                        |               |                     |                         |
| H                                          | * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "" |                                              |                      |                                      |                        |                                    |     |                          | ·                      | OR A          | TOTAL<br>DOIT, FEE  |                         |
| 7                                          | tive "Highest Num<br>he "Highest Num                                                                                                                                                                                                                                   | fiber Previously Paid<br>ber Previously Paid | id For (Notel or     | 5 SPACE is i<br>Independent          | ess than<br>9 is the f | 3, ealer => *<br>ighest ir rat.er: |     | OIT. FEE L<br>in the app | ropriate box           |               |                     | . 1                     |
|                                            |                                                                                                                                                                                                                                                                        | •                                            |                      | , .                                  | •                      |                                    |     | - •                      |                        | _             | •                   | 1.                      |